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ABSTRACT

Written for faculty members, administrators, and trainers in a variety of educational settings, this publication discusses issues and offers recommendations on the preparation of professionals working with infants, toddlers, and their families. Section I identifies four key elements in the training of infant/family practitioners and describes these elements in the context of professional education. Section II discusses the relationship between training and demonstrated competence. Offering an agenda for action, Section III suggests priorities for collaborative action among policymakers, parents, educators, and professionals to improve the training of infant/family practitioners. Appendix A provides examples of promising training approaches; Appendix B lists sources of additional information. (RH)

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Preparing Practitioners to Work with Infants, Toddlers and Their Families:

Issues and Recommendations for Educators and Trainers

The TASK Project
Training Approaches for Skills and Knowledge

EMILY SCHRAG FENICHEL
LINDA EGGBEER
in collaboration with
The TASK Advisory Board

National Center for Clinical Infant Programs

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Four distinct but related documents have been produced by the TASK Project under the general title *Preparing Practitioners to Work with Infants, Toddlers and Their Families.* The four documents are subtitled:

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"The TASK Project has sought to address the concerns of four groups with a major stake in training personnel for work with infants, toddlers, and their families. These 'stakeholder' groups are parents, educators and trainers, professional organizations and practitioners, and policymakers and administrators."

Summary

All practitioners who work with infants, toddlers, and their families need specialized knowledge and skills to address the unique developmental needs of children and parents in the first three years of life. In settings ranging from day care centers to newborn intensive care nurseries, specialized training is proving critical to the performance of staff and to improved developmental outcomes for infants and toddlers. Training programs in all health and human services disciplines face a formidable challenge: They must enable practitioners both to acquire the knowledge and skills of their own discipline and to adapt them to the specific requirements of work with infants, toddlers and their families.

Training is a lifelong proposition for practitioners working with infants, toddlers and their families. New research findings are continually expanding our understanding of the complexities of early development. New intervention approaches—most often involving close collaboration between parents and professionals, and across professions—are being tested and evaluated. To become and remain competent, infant/family practitioners need up-to-date preservice preparation, meaningful inservice training, and high quality continuing education opportunities.

The TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs has identified four elements of training that seem particularly likely to help individuals become competent infant/family practitioners. These include:

- A knowledge base built on a framework of concepts common to all disciplines concerned with infants, toddlers and their families;
- Opportunities for direct observation and interaction with a variety of children under three and their families;
- Individualized supervision that allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines; and
- Collegial support, both within and across disciplines, that begins early in training and continues throughout the practitioner's professional life.

Preparing Practitioners to Work with Infants, Toddlers and Their Families is designed as a resource for four groups with a major stake in the training of infant/family personnel. These groups include parents, educators and trainers, practitioners from a variety of disciplines, and policymakers.

Preparing Practitioners describes how each of the four elements of training can be made a part of preservice, inservice and continuing education. The publication also discusses the evaluation of competence in individual practitioners and in service programs; describes promising training approaches that are currently underway; and summarizes in specific but non-technical language seven core concepts common to all disciplines concerned with infants, toddlers and their families. An Agenda for Action lists ten recommendations for improving the competence of infant/family practitioners by enriching the elements of training and addressing the context in which training and practice occur.

Introduction

What knowledge, skills and attitudes do practitioners need to help foster the development of children and families in the earliest years of life?

What concepts and insights about very young children and their families can be expressed in language shared by researchers, teachers, parents, and practitioners in the many disciplines concerned with infancy?

What kinds of training experiences seem likely to enable students and practitioners to achieve and maintain competence in work with infants, toddlers and their families?

Educators and trainers in many professional disciplines have been struggling with these and other important training questions for some time. As researchers, practitioners and policymakers focus increasing attention on the first three years of life, they, too, are realizing that the effectiveness of initiatives designed to strengthen families and support the optimal development of infants and toddlers depends in large part on the training of the professionals and paraprofessionals involved.

This new recognition of the importance of the first three years of life has placed increased demands upon educators, educational institutions, and field-based trainers, but has not resulted in substantially increased support for infancy-related efforts. For example:

- Professional training programs surveyed report that already crowded and prescribed curricula leave little leeway for changing or increasing infancy and family content.
- Low salaries and restricted opportunities for advancement in infant/family professions limit the number and quality of students available to enter training programs as well as the financial contributions that graduates are likely to make to their training institutions.
- Federal funding available for the training of infant/family personnel• is often tied to short-term innovation projects, making long-range planning difficult and siphoning educators' energies away from teaching to grant writing.
- Little support is available for the continuing education or non-degree programs that are important avenues for training in infant/family practice.
- Educators are sought-after participants in state policymaking bodies and federal review panels, but no reduction in teaching or administrative responsibilities or reasonable compensation are likely to accompany these requests for help.
- Educators are asked to keep abreast not only of all new academic and clinical research in a rapidly changing, multidisciplinary field, but also of major shifts in thinking about professional roles and responsibilities in relation to very young children and their families. yet few resources are allocated to "train the trainers."

It was to explore issues such as these that the TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs began in 1988. Guided by the expertise and insight of nine professionals and parents with many years of experience in working with infants, toddlers and families and in training practitioners, the TASK Project has sought to address the concerns of four groups with a major stake in training personnel for work with infants, toddlers and their families. These "stakeholder" groups are:

- **Parents**
- **Educators and trainers**
- **Professional organizations and practitioners; and**
- **Policymakers and administrators.**

"New recognition of the importance of the first three years of life has placed increased demands upon educators, educational institutions, and field-based trainers, but has not resulted in substantially increased support for infancy-related efforts."

•A note on terminology: The term "infant/family" is used to preface the word "practitioner", "practice" or "personnel" in order to capture the twin focus that is at the heart of efforts to support the development of children between the ages of birth to three and their families. In this document "infant" is used to refer to a child anywhere between birth and three years of age. We also use the phrases "infants and toddlers" or "very young children" to refer to this age group.

The term "practitioner" as used in this document also requires clarification. A practitioner can be a professional, a paraprofessional, a parent, or a community volunteer. For purposes of this document, a practitioner is an individual engaged in substantial, ongoing activities designed to support the development of infants, toddlers and their families.

To minimize confusion, a child is referred to as "he" throughout the document and an adult, unless otherwise specified, as "she."

"Preparing Practitioners is written for faculty members, administrators and trainers in a variety of educational settings—universities, community colleges, multidisciplinary University Affiliated Programs, vocational education programs, and departments of continuing education, among others."

Because each of these groups has a unique perspective but also needs to collaborate on many issues related to training, the TASK Project aims to offer a forum for discussion of common concerns among the stakeholders. The activities of the Project are designed to provide a framework for thinking about key issues that will be meaningful to all the groups involved, and to develop a common language or dialogue.

Since early in 1988, TASK Project staff and advisors have created a nationwide communications network of approximately one thousand individuals who are engaged in some aspect of the training of infant/family practitioners. In addition, the Project has been involved formally and informally with a number of national and state personnel preparation initiatives related to the implementation of P.L. 99-457, the Education for the Handicapped Act Amendments of 1986. TASK staff and advisors have also developed a series of publications, under the general title *Preparing Practitioners to Work with Infants, Toddlers and Their Families,* to assist each stakeholder group in addressing training issues of particular concern.

Several major themes that have emerged from the work of the TASK Project are reflected throughout *Preparing Practitioners* and in the specific recommendations that the Project is making to the field.

1. Specialized knowledge and skills, as well as close collaboration between parents and service providers from a variety of disciplines, are required to support the development of children from birth to three and their families. Therefore, all training programs for infant/family practitioners, whether they are at the preservice, inservice, or professional development level, must prepare individuals to be both specialists and generalists. They must enable practitioners to adapt the knowledge and skills of their own discipline to the specific requirements of work with infants, toddlers and their families. At the same time, training experiences must help practitioners acquire enough generic knowledge and human services skills to function in the larger context of child, family and community in which development occurs.

2. In thinking about the competence of infant/family practitioners, it is important to recognize a continuum of competence. The requirements of practice vary widely, and individuals with many different levels and types of training, experience and talent can do well if they are given appropriate roles and support. It is also important to consider the overall competence of the staff as a whole in evaluating the effectiveness of a service program or service system.

3. Training issues belong high on the agendas of all advocates for very young children and families. The success of health, education, social service and comprehensive programs designed to support and strengthen infants, toddlers and their parents depends in large part on the quality of training available for professional, paraprofessional and volunteer personnel. At the same time, advocates for better training must also recognize the vital importance of higher salaries and improved working conditions for practitioners, as well as the need for universal access to high quality services for children and families.

Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Educators and Trainers is written for faculty members, administrators and trainers in a variety of educational settings—universities, community colleges, multidisciplinary University Affiliated Programs, vocational education programs, and departments of continuing education, among others. Section I of the document identifies four key elements in the training of infant/family practitioners and describes these elements in the context of professional education. Section II discusses the relationship between training and demonstrated competence. Section III suggests priorities for collaborative action among policymakers, parents, educators and professionals to improve the training of infant/family practitioners. Appendix A provides examples of promising training approaches; Appendix B lists sources of additional information.

I. Four key elements of training for infant/family practice

"No single curriculum or training program will be appropriate for would-be infant/family practitioners who come to training with such different academic backgrounds, different styles of learning and different career expectations. Yet it is possible to identify four key elements in training that are likely to foster competence in any parent, paraprofessional or professional who seeks to work with infants, toddlers and their families."

The number and variety of disciplines and practice specialties that are concerned with infants, toddlers and their families are impressive. They include childbirth educators, obstetricians, nurse midwives, lactation counselors, public health nurses, neonatologists, pediatricians and other physicians, pediatric nurses and nurse practitioners, parent educators, child care providers, home health aides, community home visitors, case managers, social workers, juvenile court judges, protective services workers, attorneys, clinical psychologists, physical therapists, occupational therapists, early childhood educators, early childhood special educators, parent support specialists, pastoral counselors, pediatric psychologists, speech/language pathologists, audiologists, nutritionists, family therapists, psychiatrists, child psychiatrists, child life specialists, psychoanalysts, respiratory therapists, nannies, and child and family resource personnel.

These professionals and paraprofessionals may work with infants, toddlers and their families as solo practitioners or as staff members of community-based service programs. They may function as members of multidisciplinary teams in specialized treatment settings or as coordinators of a network of services. They may embark on their careers after years of academic training or after the briefest of orientation programs. They may have raised children and grandchildren or may never have changed a diaper.

Clearly no single curriculum or training program will be appropriate for would-be infant/family practitioners who come to training with such different academic backgrounds, different styles of learning, and different career expectations. Yet it is possible to identify four key elements in training that are likely to foster competence in any parent, paraprofessional or professional who seeks to work with infants, toddlers and their families.

1. The knowledge base of any training program for infant/family practitioners should be built on a framework of concepts common to all disciplines concerned with infants, toddlers and their families. These concepts can be expressed in non-technical language and form an important common basis for communication among professionals, paraprofessionals and parents.

2. Opportunities for direct observation and interaction with a variety of children under three and their families are an essential element of training. A supervised practicum or internship allows the student a superb opportunity to apply theoretical knowledge to the real tasks of observation, assessment, support and intervention. Also valuable are opportunities to learn from parents, to study and discuss detailed case reports, to observe skilled practitioners at work, and to watch videos of many different infants and families.

3. Individualized supervision allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines. The supervisor helps the student review the information she has gathered and the choices she has made in practice. Questions and comments may direct the student to new lines of inquiry or alternative intervention strategies. The supervisory relationship also affords the trainee a safe place to examine both positive and negative feelings aroused by infants, families and colleagues, and to formulate professional responses.

4. Collegial support, both within and across disciplines, should begin early in training and continue throughout professional life. Group academic projects, informal contacts, and student affiliation with relevant professional and advocacy organizations can all add to a feeling of connectedness with others who are working toward common ends. Early interdisciplinary experiences in classroom and clinical settings can be especially useful in encouraging interdependence and collaboration.

Taken together, these four elements of training involve both process and content. This blend would undoubtedly be helpful in the training of all human services professionals. Attention to both

process and content is essential in the training of infant/family practitioners whose professional competence involves the recognition and channeling of their own powerful emotions as well as the acquisition and application of scientific knowledge and therapeutic skill.

Each element of training is discussed in more detail below.

A. Core concepts for professional practice with infants, toddlers and their families

A set of core concepts should be embedded in the training of all practitioners planning to work with very young children and their families, as well as in the preparation of child development researchers. The concepts identified by the Project emerged as powerful integrators of information across fields of inquiry and as general guides for practice useful to many disciplines. These concepts help to organize what is known about infants and families and to suggest what is yet to be discovered or understood.

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Readers of this document will be quite familiar with most, if not all, of these concepts. They are summarized in the pages that follow in language that is specific but non-technical, with the hope that they will become the basis for a common language among educators and trainers in many disciplines, parents, professionals, and policymakers. Examples of the links between each concept and training issues are intended to be illustrative rather than exhaustive.

Core concepts have been grouped into seven areas:

1. Endowment, maturation and individual differences in the first three years of life;
2. The power of human relationships;
3. Transactions between the infant and the environment;
4. Developmental processes and their interrelationship;
5. Risk, coping, adaptation and mastery;
6. Parenthood as a developmental process;
7. The helping relationship.

1. Endowment, maturation, and individual differences

Concepts like endowment, maturation and individual differences describe what has traditionally been called an infant's "nature."

The child's biological endowment at birth includes not only limbs, organs and sensory systems that may be intact or impaired, but also capacities for organizing experience and interacting with the environment. Endowment is a function not only of genetics but also of the environment within the womb and the events surrounding birth. The mother's nutrition, infections, use of drugs and psychological experiences affect the unborn baby and influence his developmental potential and his behavior.

There is presently little controversy about which is of paramount importance-nature or nurture. It seems clear that what is significant is the intimate interweaving of the infant's biogenetic endowment and the caregiving environment. The baby's unique endowment calls forth and begins to shape a particular spectrum of responses from the caregiving environment, most importantly the caregiver herself. At the same time, this environment influences and shapes the ways in which the baby experiences and organizes his world—each subtly shaping and modifying the other.

Maturation, an extremely powerful force toward growth in the young child, can be viewed as change due to intrinsic factors that occurs relatively independent of environmental influences. Most human infants exhibit an inherent push toward growth at an expected rate and in an expected sequence following a biologically determined timetable. It is the process of maturation, in interaction with environmental factors, that ensures a basically healthy child's achievement, for example, of major motor milestones, cognitive competencies, and emotional growth in a wide range of caregiving environments.

Individual differences in infants, operative and observable at birth and probably before, have gained increasing attention from researchers during the last 50 years. The notion of individual temperament—a blend of activity level, physical sensitivity, adaptability, tempo, mood, persistence, and similar factors—

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is one way of conceptualizing sets of differences that influence how young children behave and how parents react to them. One can also look at individual differences in terms of how the baby responds emotionally and socially to environmental input through each of his senses; how the baby processes information through each of his senses; how the baby plans and coordinates movement; and how the baby learns.

The newborn infant's biological endowment, capacity for maturation and distinct individuality are intertwined concepts that include a view of infants actively organizing their world and shaping their lives beginning at birth.

Implications for training

- The concept of endowment is important in training health care professionals who plan to work with very young children and families and who need to acquire a balanced view of their roles. They will not be able to cure every disease nor reverse every impairment. Nevertheless, an understanding of every child's endowment, individuality, and maturational drives will help the professional use her own skills to support a baby's strengths and work toward an optimal developmental outcome.
- Child welfare workers and other professionals who will be encountering infants exposed prenatally to drugs need to be aware of the uncertain developmental course awaiting these children and of the challenges they present to caregivers. Because knowledge in this area is limited but expanding rapidly, foster parents, community-based workers and researchers need to be able to exchange findings quickly and regularly.

2. The power of human relationships

"The quality of the relationship between a baby and the people who care for him every day affects the baby's development in all areas."

Several decades ago British pediatrician and psychoanalyst Donald Winnicott shocked his colleagues by declaring "There is no such thing as a baby"—only a baby and someone. Today, parents, practitioners, and researchers take it for granted that in order to understand the unfolding of developmental processes, one must look at the infant in the context of his environment and, most particularly, in the context of his relationships with the caregivers in his life.

Healthy babies are born prepared to form warm emotional relationships with one or more responsive caregivers. Babies who have illnesses, disabilities or other conditions that interfere with their ability to form and enjoy human relationships require special attention.

The quality of the relationship between a baby and the people who care for him every day affects the baby's development in all areas. The infant's very ability to think and to feel is developed through relationships. In addition, the quality of important relationships teaches the infant or toddler *what* to think and feel about the world and the people in it: Is the world an interesting or a frightening place? Can human beings be depended on, or should they be avoided? Are his feelings about himself and others important or not? Because relationships are so crucial to the unfolding of developmental processes, separation from a caregiver or loss of an important early relationship has an immediate impact and may also reverberate through childhood and beyond.

A parent's relationship with a particular baby is influenced by relationships among all members of the family, as well as by the infant's individual qualities. Researchers continue to discover more facets of the enduring impact of family relationships, even across generations.

Pregnancy, the process of adoption, the birth of a baby, and the presence of a developing infant in a family can evoke memories and feelings and reactive patterns of behavior and expectations. At the same time, the baby becomes the center of a set of relationships that never before existed. Hope for the infant's future often mobilizes the adults in his life to repair, strengthen, or create positive relationships that will help the whole family to grow.

Implications for training

- Prospective infant/family workers can be given opportunities to observe and learn about the variety of ways in which families incorporate new members. Sustained contact with one or two families over a period of time allows a trainee to delve into how particular infants find a place in their families and what impact that has on all other family members. Contact with infants and

families from a variety of cultural backgrounds allows a trainee to explore both commonalities and differences in this process.

- Students in disciplines that have worked with parents primarily as adjunct teachers can learn much about the multidimensional nature of an infant with disabilities by attending closely to the parental responses to the baby. Professionals can learn to take advantage of the perspective of the parent not only as the child's foremost teacher but as the single most important person in his world.
- Training in developmental assessment can emphasize the importance of observing and documenting the emotional relationship between the infant and his parents and other caregivers.

"What the world feels like to the baby is important."

3. Transactions between the infant and the environment

Enduring and responsive human relationships are critical for the infant. During the first three years of life, the safety, comfort, level and variety of stimulation available in the physical environment also affect developmental processes. It is the baby's caregivers, however, who mediate his world. Through the physical environment and the experiences they offer, they activate, nourish, and facilitate growth within and across all developmental areas or, conversely, act in ways that impede progress.

What the world feels like to a baby, as he learns about it through his senses and his interactions with people and things, is important and has been described by numerous researchers. As investigators conceptualize the infant as an active being, they speak of him as "processing" and "organizing" his experience, using the learning, motor, sensory and emotional tools available to him.

Implications for training

- Therapists who are preparing to work with young children with sensory or motor impairments need to learn to provide opportunities and encouragement for active exploration of the environment.
- The adult's ability to take the imaginative leap necessary to try to understand how the *baby* may be experiencing a situation is a key element in parenting, as well as in professional interactions with young children. Parent education programs as well as training programs for professionals and paraprofessionals need to emphasize this kind of empathy and reflection.

4. Developmental processes and their interrelationship

Development in the earliest years of life is a complex process involving the interaction of forces within the child as well as interaction between the child and the environment.

The baby's interaction with the human and physical environment affects each area of development and affects them in combination. Thus, for example, a positive experience with a caregiver may encourage problem solving and language development as well as emotional growth.

The remarkable achievements and changes in ability and behavior that typically occur during the first three years of life can be recognized as occurring in phases and stages. At some points, if the child's growth is proceeding typically in its multiple domains and the environment is reasonably encouraging, new levels of developmental organization will be evident. Awareness of major developmental milestones, like walking and talking, has been expanded to include cognitive, social and emotional landmarks.

The concepts of continuity, change, and prediction are useful in thinking about how growth takes place. Researchers have addressed questions such as: What characteristics of an infant tend to remain stable over time? To what extent do critical times exist for certain kinds of development? What predictions can be made from earlier to later functioning? These are the kinds of questions that parents, particularly parents of children with disabilities or chronic illness, ask often in one form or another. Although answers to these questions are far from clear, these issues are ones with far-reaching implications for the structure and content of services to support the development of young children and families, and for training.

Implications for training

- The multiple areas of development interacting within the infant or toddler are often reflected in the multiple disciplines assembled in a team to assist the child and family. Consequently, the training of any one professional needs to include an awareness of the knowledge and expertise of related disciplines. Opportunities to function as a member of a multidisciplinary team also need to be part of professional training.

- Just as multiple areas of development are interrelated in the child, so therapeutic interventions and caregiving environments must support growth within and across all areas of development, in close association, to be maximally effective. As parents and professionals learn new skills for working with infants and toddlers, they need also to integrate these into the context of daily routines and interaction.

- The concepts of predictable tasks or challenges and ways of perceiving the world can be useful ways of thinking about phases and stages of growth for any professional who works with young children and families. Practitioners who tend to see children with developmental problems often express a need for a thorough grounding in the stages of typical development. At the same time, courses built around developmental milestones need to emphasize individual variations in all areas of development.

"Babies do not simply endure adversity; they cope with it."

- Students being trained to work as professionals in a rapidly evolving field need to be as aware of unanswered questions as of state-of-the-art knowledge. All professionals need to develop tools to evaluate new research findings in their own and related disciplines and commit to continuing education as the key to continuing competence.

5. Risk, coping, adaptation and mastery

Although adults strive to protect children from needless suffering, it is clear that pain and frustration are a part of life, even for infants and toddlers. Researchers have studied risks to development and the processes of coping, adaptation and mastery of challenges. A wide range of factors, including handicapping conditions, birth injuries, poverty, and parental stress, have long been identified as risks to the healthy development of young children. Researchers are now pointing to the accumulation and interaction of multiple risk factors as much more damaging than any single source of stress.

But babies do not simply endure adversity; they cope with it. If adults can observe and understand how infants marshal their own resources and help from caregivers to cope with the challenges of their world, they will be better able to encourage the young child's creativity and initiative.

In considering the infant's adaptation to the environment, attention to the quality of the child's experience and the "cost" of adjustment is essential. Healthy adaptation may be seen, for example, in the toddler who consistently obeys his parent in unfamiliar surroundings but can be occasionally full of two-year-old mischief in the safe environment of home. Much different is the adaptation of a baby who is always quiet and passive in the presence of an abusing parent. While this behavior may ensure his survival in the short term, in the long term it is likely to constrict the child's social and emotional development.

Most infants and toddlers exhibit both adaptive and maladaptive behaviors. The important thing to consider is the ways in which a particular child balances inner needs or conflict with the reality of the caregiving environment.

The concept of mastery is helpful in understanding not only how babies overcome obstacles but how they learn in general. The infant's pleasure in discovery and delighted recognition that he has mastered a skill important to *him* provides the emotional incentive for further efforts. Curiosity and persistence will take the child far in learning. What is required, then, is caregivers who are sensitively attuned to the infant and who can engage in reciprocal rather than unilateral interactions.

Implications for training

- Unless students are systematically exposed to theoretical and research literature concerning vulnerability, coping and growth, and unless they have opportunities to learn about multiple aspects of families' circumstances, they are likely to operate from a narrow

perspective once they begin professional practice. Training experiences that provide exposure to the perspectives of a variety of disciplines and offer opportunities to observe families in a range of situations over a period of time can offset this tendency.

- Training experiences that allow students to observe infants and families repeatedly over time emphasize the importance of attention to adaptive processes, in screening, assessment and treatment. They allow students to begin to understand the quality of the child's experience and the ways in which the phenomena of vulnerability and resilience are operating.

"As parents assume new roles and responsibilities, their attitudes toward the newborn and the growing infant are influenced by their previous experiences of nurturing and being cared for, by their cultural heritage, and by current realities in their life situation."

6. Parenthood as a developmental process

Experience with healthy and with troubled parents of young children has suggested to researchers that parenthood is a developmental process, with its own chalienges, stages, and demands for adaptation and accommodation. It is generally acknowledged that few parents come to the task with formal training. As parents assume new roles and responsibilities, their attitudes toward the newborn and the growing infant are influenced by their previous experiences of nurturing and being cared for, by their cultural heritage, and by current realities in their life situation. Also important are the support available to them from each other and from other family members and friends, and the characteristics of the child himself, including any illness or disability he might have.

"When a parent and another adult undertake to work together to foster a baby's development, a relationship begins that may be enormously powerful and is always delicate."

The family can be seen as an evolving system, influenced by each of its members. In the first three years of life, the rapidly changing capacities and needs of the child stimulate different reactions in parents, which then influence subsequent relationships between and among all family members.

Implications for training

- An understanding of parent and family development and the ways in which adults learn needs to be as integral a part of professional education as child development.
- Careful attention must be focused on appropriate opportunities for trainees to study parent and family development first-hand through parent interviews, sustained contact with families, and other practices.

7. The helping relationship

When a parent and another adult undertake to work together to foster a baby's development, a relationship begins that may be enormously powerful and is always delicate. The quality of the parent/provider relationship must be of concern to anyone working with infants, toddlers and their families.

Parents, of course, have primary responsibility for their children, but they need to be able to rely on a variety of informal and professional allies who can contribute expertise and assistance. The relationships that are established, whether short or long term, should be based on respect and cooperation around shared goals. But this is not always easy to achieve given the inevitable strains that occur when people work closely together.

Relationships may become as rich and meaningful as family ties—for parents and providers alike—and they almost certainly will reflect the range of emotions, both positive and negative, that exist in any family. They will undoubtedly undergo change over time as the provider becomes less the "expert" and more the facilitator, and roles and responsibilities shift. Such partnerships can offer an opportunity for growth on both sides as issues and problems are worked on and hopefully resolved.

Both service providers and family members bring to the relationship unique knowledge and skills. In addition they bring attitudes and feelings based on their histories of involvement with their families of origin, their current families, and formal and informal helpers. Sometimes feelings are based on positive experiences of being cared for, respected, encouraged, and admired. Sometimes feelings reflect experiences of disappointment, neglect, fear or humiliation.

Whenever the well-being of a baby is at issue, feelings tend to be intensified, for parent and service provider alike.

Both are sensitive and both are vulnerable, and both want to feel capable and effective. A commitment to listen and to try to uncover how the parent is experiencing the helping relationship can add a rich dimension to professional practice and give the parent a clear signal that his or her perspective is both needed and wanted.

Implications for training

- As relationships between parents and professionals are reconceptualized, careful attention is needed to the training experiences that will enable professionals to assume supportive, informed, but non-authoritarian roles. Some options include more widespread use of practica and the use of parents in the training of personnel.
- Students need opportunities to explore the vulnerabilities and unrealistic expectations they may bring to relationships. For example, a wish to be unfailingly nurturing, a dread of not knowing "the answer," a desire to supersede or displace the mother are each issues that need to be fully explored.
- Training experiences should be designed to help practitioners understand the impact of their own experiences with their family of origin and current family, and their expectations of how family members "should" behave.

"Students need to become aware of their own ingrained responses to cultural differences."

Many volumes have been written about each of the core concepts described above. Theoretical elaboration and empirical testing of these ideas continue to enrich the field. Readers are encouraged to use the sources listed in Appendix B to obtain additional information about infant/family literature, research and training within individual disciplines and across disciplines.

B. Opportunities for direct observation and interaction with infants and families

The second key element in training, observation and interaction with infants and families, is an essential ingredient in the long-term process of translating theory and research into effective practice. Such contact may take many forms, ranging from classroom discussion of videotapes to practicum experiences. When they occur over an extended period of time, such contacts may help the student learn to observe and understand the responses of particular families to the birth and unfolding development of particular infants, in all their complexity.

Opportunities to watch video presentations that depict typically and atypically developing infants, toddlers and their families in a variety of activities are valuable. Observations of infants and parents at home on a typical morning, getting a well-child checkup, or working with an occupational therapist enable students to construct a full picture of families as they go about their daily lives. These opportunities can also lead the student to develop the critically important skill of keen and sensitive observation, not only of infants and families, but also of a range of professionals and work settings.

Following these observations, there should be time for reflection, with an emphasis on recognizing and processing personal responses to what is observed. In this way students begin to take first important steps toward self-understanding as they explore the impact that personal views and biases can have on practice. They begin to formulate ideas about what makes them respond to and work differently with certain families. This process can provide indications of the comfort or difficulty an emerging professional might expect in an infant/family career.

Contact with infants, toddlers, and their families can highlight the central role of the parent in the unfolding of developmental processes and the partnership that must occur between parent and practitioner if the child's circumstances or problems are to improve. Rather than relegating parents to the background of work with the child, as frequently happens, training experiences should encourage students to consider parents as partners in any attempt to address the child's needs.

Contact should also encourage awareness of the tremendous individual variations in typical and atypical development and of cultural differences in childrearing practices and family life. Students need to learn and to appreciate the great variety of culturally diverse, adaptive, growth-enhancing responses

on the part of parents to important developmental issues and events, as well as responses that may be less adaptive and facilitating to ongoing development. Students also need to become aware of their own ingrained responses to cultural differences, particularly of any critical or pejorative attitudes that could undermine effective work with families.

When parents come into the classroom as lecturers or adjunct faculty members, students have an opportunity to engage directly with them. This experience may allow some of the misconceptions that parents and new professionals hold about each other to be dispelled. Students receive a first-hand account of parents' experiences with professionals, both positive and negative. The compelling nature of the partnership that needs to be forged between parents and professionals on behalf of children may become clearer.

"Many and powerful feelings are likely to surface as students come into contact with infants and families and other professionals."

Practicum experiences present students with the challenge of continuing to try to interweave theory and practice. Students are asked to participate actively with infants and families and other professionals in multiple settings. Some programs stress the need for the student to spend substantial time with one family in order to get to know them more fully. Others emphasize working with a variety of families, thereby deriving a broader view. Students may have an opportunity to participate in staff inservice training in a particular program, learning beside practicing professionals.

"In inservice training, supervision may indeed be the single most important element, helping practitioners attempt to explore the practice decisions they make and relate them to theory and research."

The benefits to educators and trainers of varied and sustained contact with infants, families, and practicing professionals parallel the benefits to students. There are likely to be significant gains for both preservice and inservice training when substantial cross-fertilization occurs. Faculty may consult with service programs and use their experiences as case studies back in the classroom. They may assist with insevice training in their local community or beyond, helping to bridge the distance between theory, research and practice. They can themselves provide models for professional development when they continue to seek training opportunities throughout their careers.

C. Individualized supervision

Ongoing and sensitive supervision throughout all levels of training seems to be a key ingredient in helping the student or practitioner integrate knowledge and skills and make them her own.

Early in preservice training, good supervision may resemble mentorship. A budding professional may find invaluable the chance to spend time with a teacher who continually conveys the excitement and challenge of working with infants, toddlers and their families. A faculty member can serve as a model, a monitor, and a guide—a person with whom the student can learn ways of approaching questions and problems through sharing thoughts, ideas and feelings with a responsive, nonjudgmental advisor.

When a student is considering seriously the possibility of specializing in work with infants, toddlers and their families, a faculty advisor can help her think through and prepare for the difficulties as well as the rewards of such a choice. Will she be able to maintain her commitment, given the typically low status and compensation that derive from working with this population? How might she keep from becoming discouraged if she finds herself with too many children and families to serve and too little support from administrators and colleagues?

Once students have progressed in training to the point where they are practicing the skills of their profession with infants, toddlers and families, they need opportunities to examine why they have chosen a particular approach with a family and, if it is unsuccessful, to formulate a new one. They need to be able to say why this new approach seems to have potential and how they might evaluate results. This sometimes difficult analysis and rethinking may best be accomplished during individual supervision, where it is "safe" to explore complex issues.

Even at the preservice level, many and powerful feelings are likely to surface as students come into contact with infants and families and other professionals. When these first few contacts begin, students must not only be allowed, but may need to be encouraged, to examine their responses and to clarify their

feelings about the quality of the developing relationship with child and family. Why does a student feel incredibly frustrated with a particular mother? Why is one child so appealing while another elicits negative feelings? What emotional defenses is a student using to protect herself against the sense of helplessness she feels when working with a particular multirisk family? The value of reflecting on such questions can be further magnified if the supervisor underscores the ongoing nature of such reflection on the use of the parent/practitioner relationship by sharing her own questions and struggles on similar issues.

"A budding professional may find invaluable the chance to spend time with a teacher who continually conveys the excitement and challenge of working with infants, toddlers and their families."

Supervision also eases the process of learning to become an effective team member. Openness and a willingness to cooperate with others are qualities that may have to be developed through a variety of experiences over a period of time. Students, therefore, need an opportunity to recognize and work through ambivalent and perhaps negative feelings associated with working closely with other professionals. If discomfort is denied, for whatever reason, professional effectiveness is likely to be impeded.

The greater self-awareness that may come as a result of these kinds of experiences in supervision can be a catalyst for personal and professional growth throughout a career. If reflective practice becomes second nature at the very beginning of the training process, it may help to sustain a practitioner, even one whose work environment leaves much to be desired.

"While the expectation of supportive rather than competitive contact with colleagues may be one of the chief attractions of a career in infancy, in actuality there are inevitable strains as varied disciplines attempt to work together."

In inservice training, supervision may indeed be the single most important element, helping practitioners attempt to explore the practice decisions they make and relate them to theory and research. At the level of professional development, supervision may entail peer consultation and review of work by colleagues.

Opportunities to learn effective supervisory skills and to practice them need to be developed. The supervisor or mentor is constantly modeling for the trainee how to supervise and how to consult. This process may well be the most effective way of teaching these skills. Those assuming consultant roles must be trained in such a manner that the individual practitioner receiving the service feels that she is dealing with a knowledgeable, sensitive person who knows what it is like to be in the practitioner's position.

At every level, supervision is a very individualized approach to learning. It requires educators and trainers to become skilled at helping each student delve into thoughts and feelings that are not always comfortable or easy to explore. It is a way for each student to find her own path to greater competence.

D. Collegial support

Since collaboration among a number of disciplines is essential to provide comprehensive, integrated services to very young children and their parents, collaboration should begin in preservice training. While the expectation of supportive rather than competitive contact with colleagues may be one of the chief attractions of a career in infancy, in actuality there are inevitable strains as varied disciplines attempt to work together. Careful thought and commitment are needed to help students become interdependent professionals.

At the preservice level, class discussions, group research projects, and team practicum experiences can offer opportunities to develop and practice collaborative skills, within or across disciplines. Again, reflection should be encouraged, with students asked to observe group process and their own contributions to group achievements or difficulties.

Since infant/family work often occurs within an agency or institution, students should have the opportunity to discuss and compare, as a group, their own practicum placements and to explore criteria related to more or less supportive work settings.

The development of a positive professional identity can be encouraged by linking students to organizations of practitioners in the multidisciplinary field of infancy. If infant/family coursework at a particular university is limited, students may be guided to appropriate sequences of presentations at professional conferences. This kind of involvement may motivate a student to begin to explore the infant/family literature and further opportunities for training.

At the level of inservice training, mutual support among colleagues is

gaining increasing recognition as an appropriate area for systematic study. Workshops, print materials and even nationwide teleconferences have been developed to facilitate the complex process of developing mutual respect and interdependence among members of multidisciplinary teams serving young children and their families. Even if practitioners have a professional background in common, effort is required by administrators and front-line service providers alike to create an atmosphere of openness, collaboration, and support for the expression of feeling.

Faculty of educational institutions who are called upon to address the inservice training needs of community agencies will thus want to consider process as well as content. The importance of a supportive environment for staff can be emphasized in the planning of inservice training.

At the level of professional development, teachers and administrators in educational institutions should be the beneficiaries as well as the providers of support. Because professional isolation is an issue for infant/family practitioners, researchers and educators alike, national, state and local organizations concerned with infants and families can provide an important sense of connection. Through attending and speaking at meetings and conferences, contributing to or editing publications, informal networking, and advocacy, educators and trainers can expand their own professional horizons and enjoy an impact beyond the campus. State policymakers are aware of major gaps in the system of preparing personnel to work with infants and toddlers with handicaps and their families but often are at a loss for practical short-term or long-range solutions. Educators who are able to collaborate across disciplines on recommendations and to join forces with practitioners and parents may be able to make significant contributions to policy development.

II. Training and competence

"Many groups, within and across disciplines, are struggling to define and describe behaviorally those competencies that are associated with effective infant/family practice."

"Competence can be defined as the ability to do the right thing, at the right time, for the right reasons."

Educators and trainers, administrators and practitioners, policymakers and parents are well aware of the unmet needs for practitioners competent to support the development of infants, toddlers and their families. At the same time, many groups, within and across disciplines, are struggling to define and describe behaviorally those competencies that are associated with effective infant/family practice. Before one can reasonably discuss the role of the individual educator and of the educational institution in preparing competent infant/family practitioners, some consideration of competence itself is needed.

Individual competence

What is meant when an infant/family professional or paraprofessional is described as competent? To do what, in which setting, and with whom? How is competence developed, over what period of time, as a result of what kinds of experiences? How can one compare the competence to work with infants and families of a paraprofessional child care provider, an early childhood special educator and a neonatologist? Who determines whether an individual is competent at any given point and remains competent overs years of practice? These are some of the difficult questions facing those responsible for establishing professional standards and determining licensing requirements as well as for those funding and delivering training.

Competence can be defined as the ability to do the right thing, at the right time, for the right reasons. Competence involves the capacity to analyze a situation, consider alternative approaches, select and skillfully apply the best observation or intervention techniques, evaluate the outcome, and articulate the rationale for each step of the process. Competence generally requires a combination of knowledge, skills and experience. Competence for work with infants and families cannot be inferred from the completion of academic coursework alone; it must be demonstrated.

A consensus is emerging across a number of disciplines involved with infants, toddlers and their families concerning the general areas of competence that are important for all practitioners who work with typically and/or atypically developing infants, toddlers and their families. These broad areas offer a framework within which to place the specific behavioral criteria needed to certify the competence of practitioners in a particular discipline or of workers with particular responsibilities. In addition, these areas can provide a general guide to planning training experiences for students and practitioners in the field. These areas include:

- **Mastery of relevant information, data, concepts and theories;**
- **Adaptation of the knowledge, skills, and service approaches of a given profession to the particular circumstances and needs of children from birth to three and their families;**
- **Use of self-knowledge in collaboration with families, colleagues and others to support the development of infants and toddlers; and**
- **Continuing growth through study, research and reflection.**

It is the integration of knowledge and skills across these areas that is the hallmark of the competent practitioner. She must be able to apply knowledge and skills to the circumstances of individual infants and parents; be able to explain why she has chosen certain approaches; and be sensitive to the impact of her words and actions on the relationship with both child and parent. She must use her experiences, successful and unsuccessful, as material for further learning.

Because the appropriate demands on an infant/family practitioner may vary so widely, it is important to recognize a continuum of competence. Whatever the discipline involved, the professional tends to move from an approach that follows learned protocols to a more independent practice, guided by the integration of experiences, increased knowledge, and sharpened observation. A new graduate of any training program, even one with infant/family content and supervised practicum experiences, begins practice on the first rung of the competency ladder and climbs from there. She gradually builds a repertoire of behavioral skills that reflect the principles and basic beliefs she holds about those with whom she works and about herself as a professional. She learns to deal with increasingly complex demands of daily practice. As she masters skills and deepens understanding, she begins to teach others as she continues to explore new aspects of the field.

This professional growth is not a given, however. Some practitioners seem unable to move beyond the novice stage; others seem to move very rapidly to positions of leadership; others experience some form of "burn-out" and become less competent over time.

To evaluate the competence of an infant/family practitioner, then, one needs to understand the particular demands of the job; the training and experience that the practitioner has brought to the task; and the rate at which competence is increasing. The three examples that follow suggest the ways in which general competencies may be reflected in the specific professional activities of different infant/family practitioners.

The child care provider

A competent child care provider for infants and toddlers must develop a mutually satisfying and pleasurable relationship with each baby in her care while also attending to the group as a whole. Even the beginning provider must manage the basic skills of feeding, diapering and comforting that are required by infants each day. The more skilled practitioner will be able to use these routines as opportunities to encourage particular areas of development in the child.

The competent child care provider develops positive relationships with parents. The caregiver with limited training or experience may be comfortable only with families who share her culture or values, while a more competent provider may be able to work with infants and families with a variety of characteristics and beliefs.

The competent child care provider can work effectively with other professionals on behalf of the infant and family. For the beginner this may mean incorporating guidance from a health care professional into her own activities. An

experienced provider may contribute her own observations to a multidisciplinary assessment.

At every stage, the competent child care provider evaluates what she is doing on a continuing basis, reflects on how she could do it better, and is open to new learning.

The early childhood special educator

While the early childhood special educator will need many of the child care provider's skills in order to work effectively with infants with disabilities and their families, her daily practice may look very different from that of the child care provider. She will probably be working with child and parent together in a center, a hospital, or the family's own home. The infants she sees will have come to her attention because of some concern about their development. She will need to use her relationship with the family and resources in the environment to create experiences for the baby that will offer specific as well as general opportunities to develop social, motor, communication, self help, cognitive and behavioral skills.

"To certify the competence of the child care provider, one would need to describe exactly what kinds of behavior are to be expected from a practitioner judged to be competent in a particular area. One would need either to observe competent behavior in practice or to be confident that performance on an examination reflected on-the-job competence."

Even the beginning professional is likely to be expected to contribute actively to a multidisciplinary team. The infant special educator will need sufficient verbal skills to develop oral and written analyses of the child and family circumstances and to discuss these formulations with other professionals as well as with the family.

The experienced early childhood special educator is likely to be responsible for supervising professional and paraprofessional staff, student teachers and interns. She will also be a resource to colleagues both in informal consultation and through contributions to professional organizations.

The neonatologist

The neonatologist may spend most of her days, and many nights and weekends as well, in the stressful world of the neonatal intensive care unit. Years of general and specialized medical training are brought to bear on critical decisions concerning the survival and physical health of very sick infants.

Even as a beginning specialist, the neonatologist is likely to be responsible for the supervision and training of junior staff and students. In order to support families of children in her care, the physician must be able to step back from the immediate crises and empathize with parents' concerns about the future daily lives of their infants. She must be able to deal with parents' fears about the limits of their own coping abilities and, when appropriate, to acknowledge and support their grieving. Resisting the temptation to appear omnipotent, she must respect and call upon the array of skills that other professionals and parents bring to the neonatal intensive care unit.

Certifying the competence of the individual practitioner

To certify the competence of the child care provider, the early childhood special educator, the neonatologist, or any other infant/family practitioner, one would need to describe exactly what kinds of behavior are to be expected from a practitioner judged to be competent in a particular area. One would need either to observe competent behavior in practice or to be confident that performance on an examination reflected on-the-job competence.

For example, the Child Development Associate (CDA) Credential Award System was designed to assess the competencies of a person while she is working directly with children. The assessment process evaluates a candidate's performance in 13 functional areas over a 12-week period. Each competency area is broken down into a number of specific behaviors that can be observed in actual interaction between a caregiver and infants, toddlers and their families. When taken together, these observed behaviors indicate the presence or absence of that competency.

As part of the implementation of P.L. 99-457, the Education for the Handicapped Act Amendments of 1986, states are working to recognize or develop certification requirements for a variety of professionals and paraprofessionals who work in early intervention programs. Professions named in the legislation include audiologists, nurses,

nutritionists, occupational therapists, physical therapists, physicians, psychologists, social workers, special educators and speech and language pathologists. States are also permitted to determine the specific occupational categories required to provide early intervention services to children and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.

Few professions named in the legislation have delineated the infant/family content in their discipline, let alone suggested mechanisms for certifying competence that are based on observation of actual practice. This difficult work is just beginning.

The Division for Early Childhood, Council for Exceptional Children has recommended the establishment of Early Childhood Special Education as an area of professional certification, with a Continuing Professional Certificate focused on infant/toddler practice. The Council's recommendations urge states to consider whether certification should be competency-based, and if so, whether graduates of approved training programs would be deemed competent, or whether the state itself would assess competence.

The Board of Directors of the California Nurses Association has endorsed nursing standards for early intervention services for children and families at risk. The standards were developed by a task force of nurses from diverse areas of nursing practice, including community, school, maternal and child health, and mental health nursing, as well as nursing educators and nurse consultants. The standards discuss responsibilities appropriate for nurses with varying levels of preparation. They describe the activities of a nurse in specific areas such as nursing diagnosis, intervention with families, and case management and criteria for assessing outcome. The standards also specify "structure criteria"—including appropriate staffing patterns, opportunities for consultation, and valid and reliable assessment tools—that must be present in the practice setting to support the nurse's activity.

These efforts illustrate the ways in which professions are defining infant/family content and recognizing a continuum of competence within areas of practice with infants, toddlers and their families. The notion of "structure criteria" goes beyond consideration of the competence of an individual practitioner and addresses what might also be called "program competence."

"Educators and trainers of infant/family practitioners recognize that competence for work with infants, toddlers and their families should not be inferred from degrees and credits reflecting academic coursework alone."

Educators, trainers and competence

Educators and trainers of infant/family practitioners recognize that competence for work with infants, toddlers and their families should not be inferred from degrees and credits reflecting academic coursework alone. If degrees based on academic coursework alone drive certification, licensing and employment policies, poorly prepared practitioners are likely to be placed in positions of considerable responsibility without the time and support they need to acquire genuine competence.

Currently practitioners new to the field often report feeling unable to understand or to meet the needs of the infants, toddlers and families they seek to help. Beginning practitioners (and their employers) depend on an ability to adapt existing skills, an openness to new approaches, and dedication to offset their lack of basic knowledge and their inexperience. In some instances, special talent and unique personal qualities help the beginning practitioner to address complex and interrelated infant and family needs. But often this is not the case.

These statements are by no means intended to devalue the relevance of a strong factual and conceptual knowledge base to good infant/family practice. Rather, the issue seems to be one of being as clear as possible about the content of coursework, the demands made on the student, and the meaning of grades or other evaluations within the broader context outlined above. A course in child development, for example, may or may not have substantial infancy content. Even courses in infant development vary widely in their emphasis on multiple areas of development and on infant/family relationships. An "A" grade could mean that a student scored well on a multiple choice test or that she produced a 20-page critical review of the literature on early attachment disturbances.

Practicum experiences and group projects offer students opportunities to

acquire and demonstrate skill in specific professional techniques, building relationships with children and families, and working collaboratively with peers and more experienced colleagues. Evaluations from supervisors, especially those that speak to the student's ability to form effective relationships, can be extremely informative to a potential employer. Still, a student's successful practice teaching in a university-based child care center cannot guarantee competence as the lead teacher in a poorly staffed inner-city program. Nor does an occupational therapist's demonstrated skill with geriatric patients necessarily translate to work with babies and families.

Perhaps it makes sense to think about preservice and inservice trainers as partners in the preparation of personnel. Campus-based educators can begin the process of helping a budding professional become competent. The practitioner's supervisors at her first and succeeding jobs pick up the task at that point, always collaborating with the practitioner and bringing whatever resources are available to the job of fostering competence. The practitioner, however, maintains primary responsibility for the quality of her work throughout her professional life.

Program competence

"Overall competence in an infant/family service program comes from a blend of more experienced and less experienced staff whose conceptual, technical and practical expertise complement and enrich each other."

While the responsibility of the educator at the preservice level is typically directed toward preparing individual students to become competent beginning practitioners, educators and trainers may also find the concept of "program competence" useful as they think about the larger context of their work.

For example, existing staff of a program that is hoping to address more comprehensively the health, child care, and early intervention needs of infants and parents living in a small, economically disadvantaged community may be unprepared initially to offer a broad array of services. If personnel with desired competencies cannot be recruited, what services or supervision could be provided by consultants? What on-the-job training could be expected to give current staff the skills they need? Should program goals and responsibilities be redefined?

When competence within large service delivery systems is considered, a major issue is the best use of personnel who have specialized skills that are in short supply. For example, is a physical therapist with infant-toddler experience best used as a front-line practitioner in a regional medical center or as a circuit-riding consultant to a number of community-based programs? Are caseloads and reimbursement policies set in a way that encourages program directors to allow staff the time to share expertise?

Again, the focus must be on demonstrated competence rather than on paper credentials. To provide effective case management for families of young children with disabilities, for example, staff of an early intervention program would need good working relationships with a variety of community resources. Thus a recently graduated social worker, trained in principles of community organization and hired as a case manager, is likely to know less about effective networking on behalf of the program's participating families than therapists who have worked in the program and community for several years. A pooling of the staff's theoretical and practical knowledge will be needed to serve families well. With time, as the social worker adds experiential knowledge to her specialized community organization skills, a new level of "program competence" may be achieved. This early intervention program may be ready to take a position of leadership in the community with regard to interagency coordination of care.

Overall competence in an infant/family service program comes from a blend of more experienced and less experienced staff whose conceptual, technical and practical expertise complement and enrich each other. Yet salary structures and extremely difficult working conditions in the field often prevent service programs from reaching or maintaining this kind of staff competence. Poorly paying child care programs, for example, may lose their entire front-line staff in the course of a year, with demoralized caregivers frequently leaving the field altogether. Early intervention professionals, whatever their discipline or work setting, find it difficult to maintain a commitment to a work setting that imposes large caseloads and

fails to offer adequate supervision or support. Practitioners promoted to supervisory positions are often required to deal with administrative issues for which their clinical skills have not prepared them.

The relationship between campus-based and community-based learning and practice

"More extensive and flexible relationships between educational institutions and community programs offer opportunities to refine understanding of competent practice across a range of infant/family disciplines and work settings."

More extensive and flexible relationships between educational institutions and community programs offer opportunities to refine understanding of competent practice across a range of infant/family disciplines and work settings. Such relationships allow trainees to learn in both classroom and clinical settings, blending preservice training, inservice training, study and paid employment in ways that meet their individual goals and circumstances. Faculty and administrators of graduate programs are finding, for example, that they must tailor their programs to students who are working part-time or even full-time. In return, faculty are rewarded with mature, motivated students whose perspectives enrich class discussions and inspire younger students who have not yet experienced the demands of the workplace.

When educational institutions forge links with community service programs as practicum sites, a variety of opportunities becomes possible. Not only may students find a practicum site, but researchers may discover suitable populations for study, and urgent questions for inquiry. Faculty may take on inservice training or consulting roles, and the educational institution itself may find new sources of revenue among practitioners interested in continuing education or degree programs.

The sharing of expertise is likely to be a significant benefit of new campus/community relationships. For example, parents may be participants in a community-based program, collaborating with a student intern on an issue involving their child on Monday; on Tuesday they may be lecturing at the university. In a similar vein, a faculty member who realizes that her students will need consulting skills may herself need to practice the consulting role in the community before she can teach the specialized skills involved. Thinking about a continuum of individual competence and about program competence encourages imaginative planning to support the growth of both individuals and institutions.

III. An agenda for action

Policymakers, parents, professionals, and educators who are dedicated to improving the competence of infant/family practitioners must recognize that the components of a training system exist within a context of child and family policy. Each element can support—or constrain—the effectiveness of the other. Improvements are needed both in the training of service providers and in the supports available to children and families in the earliest years of life.

The following recommendations constitute an agenda for improving the training of infant/family practitioners. This agenda addresses concerns common to policymakers, parents, professionals and educators. Each recommendation can involve collaboration among several or all of these four "stakeholder" groups, with roles varying depending on the goal to be achieved.

Enriching the elements of training for infant/family practitioners

The four key elements of training should be available to all infant/family practitioners at each stage of their career preparation and development.

Achieving such a goal will be a complex, long-term effort, involving the enrichment of existing training programs and the establishment of comprehensive new initiatives. Yet in the short term, even modest efforts to enhance one, some, or all of these four key elements in training can have a significant impact on individual and program competence.

The following recommendations are meant to suggest priority areas for action. Clearly, complementary efforts that can

take advantage of opportunities and resources in particular institutions or communities should also be encouraged.

Building training for all infant/family practitioners on a common conceptual framework

1. Concerted efforts should be made to improve the quality of infant/family content that is offered in preservice, inservice and professional development training.

- A resource bank of curriculum guides and print and audiovisual materials (with particular emphasis on detailed case reports and recent research findings) would give instructors access to the products of successful demonstration training projects.
- "Training of trainers" seminars would expose educators and trainers to state-of-the-art research and clinical information, and at the same time allow them to share effective teaching methods.
- Consortia of educational institutions can collaborate to extend infant/family training to full- and part-time students from a range of disciplines, without duplication of effort.

2. Training within each discipline should not only include concepts common to all disciplines concerned with infants, toddlers and their families but should also identify these as concepts shared across disciplines; whenever possible, training itself should be interdisciplinary.

- Textbooks, casebooks and other training materials should be developed or revised so that core concepts are included and are expressed in specific, but nontechnical, language.
- Interdisciplinary and parent/professional training, in clinical and classroom settings, is a mechanism that is particularly well-suited to learning about the importance of relationships—between infant and caregiver, between parents and practitioners, and among colleagues.

Providing opportunities for direct observation and interaction with a variety of children under three and their families

3. Community-based service programs and family settings can be used by both trainees and faculty to expand practice skills.

- Under supervision, students can serve as interns or volunteers in child care, respite care or other programs serving infants, toddlers and their families.
- Parent/child play groups or similar services can be offered by the training institution itself and used by students for observation and/or practicum experience, particularly if infant/family services in the community are limited.
- Academic faculty can be afforded time for clinical practice or consultation to service programs; parents and front-line practitioners can be added to the staff of academic training programs.

Recognizing the importance of supervision

4. Supervision in infant/family programs should be recognized as a major training mechanism that both improves program effectiveness and responds to the needs of individual trainees.

- Monitors and funders of infant/family service programs should examine the frequency, regularity and quality of supervision and consultation available to staff as they make judgments about program quality.
- Placement services for graduating and practicing professionals should stress the quality of supervision as a factor in choosing employment.
- Participating families in infant/parent programs should be knowledgeable about the supervision and consultation resources available to their primary provider or team.

5. Training in supervisory skills should be available in the community under the auspices of professional and/or educational institutions.

- Individual consultation for practitioners who are assuming supervisory responsibilities can be purchased by service programs.
- Ongoing seminars for supervisors from several programs can offer opportunities for peer consultation and training that are unlikely to be available within a single agency.

Mobilizing the power of collegial support

6. Combating the isolation that is an occupational hazard of practice with

infants, toddlers and their families should be a top priority for professional development initiatives.

- Outreach to practitioners in remote geographic locations or otherwise isolated work settings can include on-site and telephone consultation from other professionals; teleconferencing and electronic mail; and provision of self-study materials.
- Relatively modest amounts of outside funding can enable organizations of practitioners, of parents, and of combined constituencies concerned with infant/family development to support substantial volunteer training and consultation efforts.
- Conferences and short courses with an infant/family focus can emphasize collaborative presentations within and across disciplines; they can also schedule specific opportunities for participants to share common concerns.

Attending to the context of training

How our country organizes and supports the training of infant/family practitioners is connected to its overall level of investment in the development of children and families in the earliest years of life. Ignoring that connection is dangerous: there may be a temptation to fund or mandate services without providing for adequately trained personnel, or, conversely, to expect that training can compensate for poor working conditions, unrealistic job expectations, and inadequate salaries.

The following recommendations are based on the assumption that our national commitment to young children and families is increasing, but that resources will be limited for some time to come. The recommendations are designed to be first steps toward addressing the context of training.

7. The process of licensure and certification of infant/family practitioners needs to recognize a continuum of individual competence to work with infants, toddlers and their families.

- Each discipline in the field should invest the time and effort necessary to define the scope and content of infant/family practice and establish appropriate guidelines for endorsement, certification and licensure of practitioners with varying levels of responsibility.
- Policymakers need to give careful thought to the mechanisms by which competence is to be assessed.
- If provisional certification is given to infant/family practitioners in an area facing severe shortages of qualified personnel, standards, mechanisms and timelines for demonstrating competence should also be delineated.

8. The financing of all levels of training for infant/family practitioners deserves a thorough review, as a prerequisite for resource allocation and planning.

- Since substantial federal, state and private funds go to educational institutions that train a variety of professionals, the extent to which this funding results in an increased supply of practitioners appropriately trained to work with infants, toddlers and their families should be studied.
- In their assessment and planning efforts, policymakers should be careful to review all current and potential sources of funding, in the public and private sectors, for model and ongoing training programs.
- The cost and effectiveness of scholarship programs that require trainees to work for a specified period in underserved areas and/or with underserved populations upon graduation should be reviewed.
- The economies of using local, state and regional mechanisms to help coordinate and finance inservice training should be investigated.

9. Child and family advocates should insist that all legislation designed to establish, reauthorize or expand services to infants, toddlers and their families should provide adequate funds for the training of practitioners.

- Parents, professionals, educators and trainers, and policymakers who already recognize the importance of training for infant/family practitioners should collaborate to devise strategies to focus attention on personnel preparation among other members of the four stakeholder groups and the general public.

- Efforts should be made to monitor legislative and regulatory processes closely in order to assure that resources authorized for the training of infant/family practitioners address the full diversity of training needs, resources and settings.

10. Incentives to attract and retain infant/family practitioners in the field must be recognized as critical to the success of work that depends on continuity in human relationships.

- The budgets of programs serving infants, toddlers and their families must include salaries that are adequate to attract beginning practitioners and that increase sufficiently over time to allow experienced workers to provide for their own dependents.
- Non-monetary incentives, such as opportunities for infant/family practitioners to combine work and family roles in different ways at different life stages, should be tried and evaluated for their impact on recruitment and retention of skilled staff.
- Administrative policies concerning caseload size, job responsibilities, and career development should support best practice, so that practitioners' training can be fully applied.

Appendix A: Promising training approaches in action

Educators, practitioners, parents and policymakers have worked together over the last 20 years to devise creative approaches to the preparation of personnel to work with children from birth through three and their families. The vignettes that follow illustrate a number of initiatives that offer training at the preservice, inservice or professional development level.

The training approaches described briefly here were chosen because they were well known to members of the TASK Project and because they illustrate both common themes and individualized methods to reach specific training goals. These initiatives also illustrate the benefits to be gained from collaboration between trainers from different disciplines and between parents and professionals. Few of these initiatives would have been possible without support from government funders, private foundations, or individual benefactors.

The individual training efforts described here do not necessarily embody each of the four key elements of training to the same degree. There is no guarantee that participants in the training efforts described here have all become competent infant/family practitioners. Nevertheless, in their philosophy, content, and approach to training, these programs make imaginative use of available resources and seem well designed to encourage the development of competence.

University of Illinois: An interdisciplinary practicum

The University of Illinois, Champaign, is the site for the development of an interdisciplinary practicum for students enrolled in special education and speech and hearing programs at the masters level. The benefit to students of having such a practicum on the university campus is matched by the benefit to families of a program for infants and toddlers in a community in which there are few such services.

The faculty members who designed this practicum approached it with the belief that students need a way to practice their prospective roles in substantial depth and that the experience is more meaningful if they learn and practice with students from other disciplines. They need an opportunity to develop skills relative to infancy both within their own discipline and across a range of disciplines. This practicum is designed to integrate both of these levels for students in the two disciplines.

The approach is to offer course work focusing on the knowledge and skills within and across disciplines that are critical for those working with normal, delayed, disabled, and at-risk infants, toddlers, and their families. Both the course work and the practicum experience are designed to require the student to be self-critical, analytical, self-directed, and resourceful.

The practicum takes place in play groups which are made up of six infant-parent dyads who meet once a week for ninety minutes. These play groups include typical and atypical infants and their families and their purpose is to facilitate parents playing with their children. Teams of special education and speech and hearing students meet with two different groups and are responsible for designing and implementing the programs. The teams are directly supervised by doctoral students who meet with them following each play session. A faculty member attends each of the sessions as well and is available for consultation to the teams.

Contact: The Interdisciplinary Specialization in Infancy, Department of Special Education, University of Illinois/Champaign, 1310 S. 6th., Champaign, IL 61820, tel. (217) 333-0260.

Wheelock College: A century of experience

The need to expose students who are preparing to work with children with special needs and their families to professionals and disciplines other than their own has been operationalized at Wheelock College in three masters-level programs: Early Intervention, Child Life (work in medical settings) and Teaching Young Children with Special Needs (three- to five-year-olds). Wheelock, founded in 1888, has historically been a leader in early childhood education and

related fields serving children and families. It offers ten masters degree programs as well as six certification programs.

Through the years, faculty at Wheelock have felt it important to link the special needs infant/toddler and preschool areas of study with child life so that child life specialists understand what preschool special education teachers and early intervention personnel do and vice versa.

Their approach has been to make some courses available to students in all three strands while keeping others, such as assessment and intervention, separate for each area. "Medical Aspects of Disabling Conditions" and "Interactive Seminar" are examples of offerings available to all students which enable these budding professionals to share experiences and broaden perspectives.

Faculty are committed to ongoing evaluation of existing courses to make sure that they deal with upcoming needs in the field. For example, courses have recently been re-examined to determine the extent to which they incorporate the best training approaches to help students learn how to work effectively with families. This process has resulted in the appointment of a parent of a child with special needs as a student advisor and co-instructor in several courses. This individual serves as a link to parent organizations in the community and models an advocacy role for students.

A second area of intense interest on the part of the faculty is the degree to which course material reflects a multicultural perspective. Efforts are underway to evaluate and revise courses on this dimension.

Contact: Wheelock College Graduate School, 200 The Riverway, Boston, MA 02215, tel. (617) 734-5200, x113.

Michigan State University: Understanding children and families with special health care needs

Primary care pediatricians, as a rule, do not receive the kind of training that would allow or motivate them to assume responsibility for the general management of children's chronic illness and its impact on family members. This, despite the fact that they may be the professionals best suited to provide this much-needed service.

Faculty at Michigan State University, recognizing that much of the care of these children is likely to move outside the hospital or clinic setting and that pediatricians will need to be more involved, developed a three-year Chronic Illness Teaching Program for pediatric residents. They identified barriers such as: a preoccupation with curing rather than stabilizing or improving function; a perception that chronic illness is the sole domain of subspecialists; and a view that the management of complex cases is not easily shared with other professionals and, therefore, becomes very burdensome. They designed their program to address these issues.

To gain a thorough understanding of the impact of chronic illness on the child, family, professional service providers and society, each resident undertakes two three-year studies—a longitudinal family study and a clinical case review.

The purpose of the longitudinal family study is to provide the resident with ongoing exposure to the general social, financial, educational, and psychological effects of chronic illness on the child and family. The resident is required to conduct at least one home interview with the family each year, accompany the family during a health or social service visit, observe the child at school, and interview other professionals about their contribution to the child's care.

The clinical case review is designed to develop skills in the longitudinal care of a child with chronic conditions. During the first year, the resident and a faculty member conduct an intensive multi-system review of the resident's care of a chronically ill child and this process is repeated yearly with emphasis on constructing a plan for future care.

Attention is also paid to chronic illness issues such as improved function as a desirable outcome, bioethical aspects of chronic illness care, issues in death and dying, and the financial and social policy implications of chronic illness. These issues are addressed through the longitudinal family study and through direct exposure to state program planners and administrators.

Evaluations of the program have indicated the benefits of allowing residents time to reflect on the impact of the illness for all concerned and to develop skills for long-term care management.

Contact: Chronic Illness Teaching Program, B 240 Life Science Building, Michigan State University, East Lansing, MI 48824, tel. (517) 355-2398.

Erikson Institute: Emphasizing self-awareness

One of the primary goals of the Erikson Institute during its twenty-four year history of training masters and doctoral level child development practitioners has been the development of self-awareness on the part of trainees. Training opportunities are designed to help students understand themselves and to connect the realms of theory and practice. For example, weekly supervision of student interns in small groups gives students an opportunity to process what is happening and what they are feeling as they work with infants and families.

Erikson has taken this training tool a step further by developing a seminar on clinical supervision for directors and supervisors in programs serving infants and their families in and around Chicago. This seminar underscores the belief of faculty at Erikson that good supervision is one of the keys to growing competence in both professional and paraprofessional personnel.

This nine-session seminar was designed to assist those responsible for supervising the daily practice of others in examining such issues as understanding oneself and using oneself as a vehicle for good practice; learning how to establish and maintain a supervisory relationship, particularly in difficult circumstances; exploring issues that pose special problems for infant/family workers as they work with families; learning how to ensure that professional goals of staff match program goals; and other issues central to the job of supervision.

Participants in the seminars are chosen to represent supervision in a number of different settings in the Chicago area, including early intervention, prevention and day care programs. The seminar examines issues in supervision that are common across settings and client populations, as well as issues that are particularly relevant to specific settings. The focus is always on the supervisory process as based on relationships and the

purpose of supervision as ensuring the best possible service to families.

Contact: Clinical Supervision Seminar, Erikson Institute, 25 W. Chicago, Chicago, IL 60610, tel. (312) 280-7302.

Nursing Child Assessment Satellite Training (NCAST): Disseminating assessment skills

The NCAST (Nursing Child Assessment Satellite Training) scales, which provide a mechanism for understanding the interaction observed between very young children and their caretakers, are currently being used by a wide variety of child health professionals including nurses, social workers, early childhood educators, physical therapists, mental health workers, pediatricians, speech and language pathologists, and others. The Feeding Scale and Teaching Scale, along with the HOME Scale, developed by Bettye Caldwell and her colleagues, form the basis for teaching practitioners in a wide variety of disciplines to understand the functioning of a particular parent and child.

The Feeding Scale and Teaching Scale look at areas of interaction such as the child's response to distress, the clarity of his signals to his mother, the sensitivity of the mother to these cues, her ability to foster growth, etc. The Home Scale measures animate and inanimate environmental factors that are believed to encourage or discourage optimal development.

The training course designed to teach the use of these scales extends the application of these scales to high risk and handicapped populations. It includes an intensive didactic portion as well as a practicum which requires home visits with a partner in order to gain inter-observer reliability in the use of the scales. Those who achieve this reliability are then encouraged to teach other professionals in their communities.

The approximately 8000 individuals who have completed the training constitute a network of practitioners across a number of disciplines who are able to provide each other peer support and consultation in the use of NCAST concepts.

Contact: NCAST, Mail Stop NJ-10, University of Washington, Seattle, WA 98195, tel. (206) 543-8528.

The COPING Project: Translating theory into early intervention practice

The COPING Project, developed at the John F. Kennedy Medical Center in Edison, New Jersey, illustrates the process of translating developmental theory into early intervention practice. The history of the Project also illustrates the role of the Handicapped Children's Early Education Program (HCEEP), Office of Special Education Programs, U.S. Department of Education, in supporting the development and dissemination of training models.

Staff of the Pediatric Rehabilitation Department of the John F. Kennedy Medical Center found that by focusing on "coping"—the process of making adaptations to meet personal needs and to respond to the demands of the environment—they could move beyond a "deficit model" of service. A coping focus helped staff to support the resourcefulness of young children with disabilities and their families, and to make their early intervention program more responsive to individual family circumstances. Initial funding from HCEEP, a source of federal funding for selected demonstration programs since 1968, made possible the design and validation of the Early Coping Inventory, an observation instrument to assess adaptive behavior in children who function developmentally from 4 to 36 months of age. Staff also focused attention on the ways families determine the meaning of potentially stressful events, assess and use internal and external resources , and evaluate the outcome of their coping efforts. They found that by helping parents understand the dynamics influencing their own coping efforts, staff could work more effectively with families to plan early intervention services that met their identified needs, and to prepare for future challenges.

Approved for HCEEP support as an outreach training program, the COPING Project now offers training activities and materials based on the COPING model to states, early intervention programs, and professional organizations. Child-oriented workshops teach the assessment of coping behavior in young children, intervention planning, and strategies to facilitate the development of effective coping. Family-oriented workshops discuss the process of developing an Individualized Family Service Plan, explore program options that enable families to develop their coping resources, and offer case consultation from a coping perspective.

Contact: The COPING Project, John F. Kennedy Medical Center, 2050 Oak Tree Road, Edison, NJ 08820, tel. (201) 548-7610.

American Occupational Therapy Association: A continuing education curriculum responding to practitioners' needs

A critical shortage of occupational therapists working in early intervention has led the American Occupational Therapy Association (AOTA) to develop a continuing education program aimed at recruiting and retaining occupational therapists to work with children birth to three. This program is based upon several premises: that practicing occupational therapists lack critical knowledge about infancy and early intervention; that they are motivated to learn about and become skilled in these areas; and that, if they become more skilled, they will be more likely to remain in the field.

Funded by a three-year grant from the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education, this training is designed to assist occupational therapists in developing the skills and knowledge that will enable them to be effective in providing early intervention services. Particular emphasis has been placed on learning how to work well with families and involve them in intervention plans as well as how to work with other professionals on interdisciplinary teams.

This training effort is built upon two other components—a needs survey conducted by AOTA of occupational therapists across the country and the development of a set of guidelines which outline the roles, functions, and competencies for occupational therapists in early intervention. Both of these efforts have contributed to the development of the training curriculum.

AOTA's approach was designed not only to train 1000 occupational therapists by the end of 1990, but also to "train the trainers." Eighteen faculty members, including twelve occupational therapists and six parents, were selected to provide

the training in teams of three, each consisting of two professionals and a parent. These teams participated in four days of intensive training before they began training the occupational therapists in groups of 50 in 20 three-day workshops across the country.

AOTA's model provides an opportunity for participants to interact with parents of children with special needs in two ways—as faculty members and as fellow participants. At each workshop site, six local parents are invited to attend and to participate in the work of the small groups.

An independent evaluation conducted by the Carolina Institute for Research in Personnel Preparation (CIRPP) at the University of North Carolina will compare participants who receive each of three kinds of follow-up with those participants who receive no follow-up in order to study what facilitates the transfer of information from the workshop to the actual practice setting.

Contact: American Occupational Therapy Association, 1383 Piccard Drive, Box 1725, Rockville, MD 20850, tel. (301) 948-9626.

Infant-Toddler Developmental Assessment Program (IDA): Increasing expertise in community-based programs

The Connecticut Infant-Toddler Developmental Assessment Program (IDA) is a professional education initiative designed to meet the need for improved community-based, family-centered, developmental assessment services for infants and toddlers (birth to three), particularly those who are vulnerable and at-risk for handicapping conditions. Conceived by an interagency/interdisciplinary task force in 1982, the IDA program was designed to fill the gap between simple developmental screenings and complex costly evaluations for children from birth to three. Funds to develop the program came from a U.S. Division of Maternal and Child Health SPRANS grant to the Department of Health Services. The initiative increases the skills of practitioners in community-based programs while building the state's overall competence to serve young children.

The IDA is an assessment process that can be used across disciplines and in the mainstream of child-serving agencies. It is an integrated assessment that addresses health, developmental, psychosocial and family dimensions and serves as a basis for developing a plan for monitoring or intervening with the child and family.

The IDA Professional Education Program has two major components—a course (35 hours divided into 5 modules) designed to provide general skills in the process and content of infant-toddler developmental assessment and a supervised clinical practicum. The practicum includes the evaluation of six children and families and is designed to assure that practitioners conduct reliable assessments.

The IDA's attention to the interaction of health, family and developmental factors in early life allows professionals from a number of disciplines to build on and expand their assessment skills. The requirement that two participants from each community program be trained together promotes collegial support during training and increases the likelihood that the IDA approach will be used once participants return to their own work settings. Finally, the network of approximately 100 practitioners in Connecticut who have completed the IDA training constitutes a resource for peer consultation.

Contact: IDA Program, Yale Child Study Center, P.O. Box 3333, New Haven, CT 06510, tel. (203) 785-2513.

Family Support Network of North Carolina: Training for parent-to-parent support

The Family Support Network of North Carolina was established in 1985 with funding from the North Carolina Council on Developmental Disabilities. It is housed in the Community Pediatrics Division, University of North Carolina School of Medicine. Guided by the conviction that other parents are one of the best sources of support and information for parents of children with a chronic illness or a disability, the Network promotes and develops statewide groups of local parent-to-parent support programs that recruit, train, and match volunteer "support parents" to offer support and assistance to other parents who need it. This Network has a particular interest in promoting parent/professional collaboration, which is accomplished in part by involving physicians and other health care and human services professionals in the training of support parents. Each parent makes a commitment to be involved in the program for at least one year.

Initial training for support parents in local programs often takes place in a twelve hour course, in which issues such as the grieving process, impact of prematurity, chronic illness, and developmental disability on the family are discussed. Peer counseling and community resources are explored. A monthly meeting gives these parents an opportunity for group support and supervision which is provided by the program coordinator or a community professional. The deepening of relationships among the support parents has emerged as one of the primary benefits of these meetings and such experiences seem to encourage some parents to become involved in advocacy and to take on other leadership positions to benefit children with special needs and their families.

A toll free number to the statewide program allows easy access for new parents needing information and community parent-to-parent programs that need technical assistance or support. The Network also keeps an extensive list of parents, resources, and training events across the state.

Contact: Family Support Network of North Carolina, Campus Box 7340, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, tel. (919) 966-2841.

Infant-Parent Program, San Francisco General Hospital: Reflecting on relationships

The training approach of the Infant-Parent Program at San Francisco General Hospital, University of California, depends on individual supervision and group seminars to help clinicians add to and integrate their skills. Each year the program accepts 12 trainees who spend 20 hours per week with the program. Twelve hours each week are devoted to the practice of infant-parent psychotherapy with the highly stressed families who are referred to the program for evaluation and treatment. Four hours are devoted to individual supervision and five to seminars with the program's three

full-time and three part-time senior staff. Trainees come from the fields of psychiatry, psychology, special education, social work, pediatrics and nursing. They typically spend a year with the Infant-Parent Program but may stay longer. Trainees neither pay tuition nor receive a stipend from the program, nor do they receive formal credit or certification. The clinical work of the Infant-Parent Program is supported by the San Francisco Community Mental Health Service, the Children's Trust Fund of the Department of Social Services, the Department of Psychiatry at the University and private donations.

The importance of human relationships is stressed throughout the Infant-Parent Program. Trainees reflect on their relationship with families, with colleagues, and with professionals outside the program as these relationships develop over the course of the year. Respect for the power and subtlety of the infant-parent relationship is accompanied by a combination of increasing confidence in one's own therapeutic skills and recognition of the frequent need to depend on the expertise of other professionals.

Contact: Infant-Parent Program, San Francisco General Hospital, 2550 23rd Street, Building G, San Francisco, CA 94110, tel. (415) 821-5289.

National Center for Clinical Infant Programs: Supporting colleagues

The National Center for Clinical Infant Programs (NCCIP) illustrates the potential of a multidisciplinary organization to offer a variety of opportunities for professional development to individual practitioners, to agencies, and to communities. Founded in 1977 by a small group of researchers, clinicians and philanthropists, NCCIP focuses attention on issues affecting all children and families in the first three years of life. Publications, national and regional training conferences, and leadership opportunities for new and experienced practitioners are NCCIP's principal avenues for professional development.

- *Zero to Three*, the bulletin of the National Center, began publication in 1980. Published 5 times per year for an audience of more than 7,000 readers, *Zero to Three* provides reports of innovative research and service programs; essays on conceptual, clinical and public policy issues; case reports; and information on new publications, conferences and training opportunities, government initiatives and funding sources. The bulletin solicits contributions from authors in many disciplines and is edited so as to be understood by students and policymakers as well as by infancy experts.

- *Clinical Infant Reports* is a series of book-length publications, each volume of which relates theoretical to practice issues, often through the use of detailed case material.

- Publications on specific topics, ranging from maternal and child health service delivery to infant/toddler child care to program evaluation to services for infants and toddlers with disabilities, are used as readings for preservice, inservice and continuing education programs as well as individual practitioners who want to keep abreast of current developments in the field.

- National and regional training institutes, typically 2½ days in length, focus on clinical issues of current importance to the field and also address pertinent research, administrative and social policy concerns. In order to meet the needs of experienced practitioners who return for fresh stimulation to each National Training Institute, the institutes include a number of specialized pre-institute seminars and workshops on topics that are at the frontiers of clinical knowledge.

- In order to provide a more continuing resource for professional development to infancy practitioners, NCCIP has begun to work with local planning groups to organize 3- or 4-day intensive courses for no more than 60 participants, which serve as the catalyst for establishing ongoing study groups. Intensive courses have been held in New York and Chicago. The first Training of Trainers Intensive Summer Seminar, scheduled for July, 1990, has been designed to help teams of educators and trainers expand their knowledge, enrich their teaching approaches, and achieve specific improvements in infant/family training in their home communities.

- NCCIP's Fellowship Program, established in 1981, provides enrichment for advanced trainees who are sponsored by directors of selected training programs in early childhood education, special education, nursing, pediatrics, psychology, psychiatry, social work, human development and the developmental therapies, or by community-based clinical or public policy agencies. Fellows attend a special one-week seminar and NCCIP Scientific Meetings and training institutes. As graduates of the program they maintain their own network of communication and also contribute to publications, conferences and task forces of the National Center.

- Supported by foundations, government agencies and private contributions, NCCIP has brought together small groups of practitioners, researchers, parents and policymakers to consider issues, including screening and assessment of infants and toddlers; program evaluation; intervention strategies appropriate to culturally diverse populations; diagnosis of emotional disturbance in infants and toddlers; and training itself. In addition to producing publications and recommendations useful to the field as a whole, such working groups afford participants opportunities to hone their leadership skills and to learn from colleagues in other disciplines and settings.

Contact: National Center for Clinical Infant Programs, 2000 14th Street, North, Suite 380, Arlington, VA 22201-2500, tel. (703) 528-4300.

Appendix B: Resources for further information

The following organizations, in general, are resources for information on scholarly and professional publications, accredited preservice training programs, continuing education initiatives, and standards for practice.

Professional Organizations

American Academy of Child & Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 966-7300

American Academy of Family Physicians
600 Maryland Avenue, SW
Washington, DC 20024
(202) 488-7448

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
(708) 228-5005

American Association for Marriage and Family Therapy
1717 K Street, NW, #407
Washington, DC 20006
(202) 429-1825

American Association of Pastoral Counselors
9508-A Lee Highway
Fairfax, VA 22031
(703) 385-6967

American College of Nurse-Midwives
1522 K Street, NW, Suite 1000
Washington, DC 20005
(202) 289-0171

American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20004
(202) 638-5577

American Dietetic Association
216 West Jackson Boulevard
Chicago, IL 60606-6995
1-800-877-1600

American Nurses Association
Center for Nursing Practice
2420 Pershing Road
Kansas City, MO 64108
(816) 474-5720

American Occupational Therapy Association
1383 Piccard Drive
Box 1725
Rockville, MD 20850
(301) 948-9626

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314
(703) 684-2782

American Psychological Association
1200 17th Street, NW
Washington, DC 20036
(202) 955-7600

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5100

ASPO/Lamaze
1840 Wilson Blvd., Suite 204
Arlington, VA 22201
(703) 524-7802

Childbirth Education Association
P.O. Box 1609
Springfield, VA 22151
(703) 941-7183

Child Welfare League of America
440 First Street, NW
Washington, DC 20001
(202) 638-2952

Council for Early Childhood Professional Recognition
1718 Connecticut Avenue, NW
Suite 500
Washington, DC 20007
(202) 265-9090

Council for Exceptional Children
The Division for Early Childhood
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Family Resource Coalition
230 North Michigan Avenue
Suite 1625
Chicago, IL 60601
(312) 726-4750

Federation for Children with Special Needs
95 Berkeley Street, Room 104
Boston, MA 02116
(617) 482-2915

International Nanny Association
P.O. Box 26522
Austin, TX 78755-0522
800-274-6462

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Avenue, NW
Washington, DC 20009-5786
(202) 232-8777

National Association for Family Day Care (NAFDC)
Children's Foundation
725 15th Street, NW, Suite 505
Washington, DC 20005
800-359-3817 or (202) 347-3356

National Association of Pediatric Nurse Associates & Practitioners
1101 Kings Highway North, Suite 206
Cherry Hill, NJ 08034
(609) 667-1773

National Association of Social Workers
7981 Eastern Avenue
Silver Spring, MD 20910
(301) 565-0333

National Foster Parent Association, Inc.
226 Kilts Drive
Houston, TX 77024
(713) 467-1850

Interdisciplinary Organizations Concerned with Infants and Toddlers

Association for the Care of Children's Health
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 244-1801

Healthy Mothers, Healthy Babies
409 12th Street, SW
Washington, DC 20024-2188
(202) 863-2458

INTERACT
20 Hollis Road
East Brunswick, NJ 08816
(201) 390-0134
(leave message)

International Association for Infant Mental Health (IAIMH)
Psychology Research Bldg., Room 129
Michigan State University
East Lansing, MI 48824-1117
(517) 355-4599

International Society for Infant Studies (ISIS)
4260 Girouard, Suite 100
Montreal, Quebec
Canada H4A 3C9
(514) 485-0855

National Association for Perinatal Addiction Research and Education (NAPARE)
11 E. Hubbard St., Suite 200
Chicago, IL 60611
(312) 329-2512

National Center for Clinical Infant Programs
2000 14th St., North, Suite 380
Arlington, VA 22201-2500
(703) 528-4300

Parent Care, Inc.
1018 South Union St.
Alexandria, VA 22314
(703) 836-4678

Society for Research in Child Development (SRCD)
1203 Tolman Hall
University of California
Berkeley, CA 94720
(415) 642-5825

World Association for Infant Psychiatry and Allied Disciplines (WAIPAD)
Joy D. Osofsky, Ph.D.
Louisiana State University
Medical Center
Department of Pediatrics
1542 Tulane Avenue
New Orleans, LA 70112
(504) 568-6221